STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	ON	Office use only
NAME OF COMMITTEE (in f	(Check if name Ex is changed) over	ample: If typying, type er the lines	12FE4M5
Greenberg Tra	urig, P.A. PAC		
ADDRESS (number and s	1221 Brickell Avenue		
(Check if address is changed)	Miami		FL 33131 -
	CITY	•	STATE▲ ZIP CODE ▲
(Check if address is changed)	ADDRESS (Please provide only one e-mail add	dress)	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C CO	0266585	
4. IS THIS STATEM	ENT NEW (N) OR	AMENDED (A)	
I certify that I have examine Type or Print Name of	reasurer Mr. Fred W., Baggett	and belief it is true, correct and	d complete
Signature of Treasurer	Electronically Filed by Mr. Fred W., Bag	ggett	Date 02 / 26 / Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject		•
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530	